

ATTORNEY DOCKET NO.: SHE-6933

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Inventor(s): SHLOMO GABBAY

Confirmation No.: 5568

Application No.: 10/782,702

Examiner: Alvin J. Stewart

Filing Date: February 19, 2004

Group Art Unit: 3738

Title: **LOW PROFILE HEART VALVE PROSTHESIS**

Mail Stop **AMENDMENT**  
 Commissioner for Patents  
 PO Box 1450  
 Alexandria, VA 22313-1450

## TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

- ☒ Response/Amendment  
☒ No additional fee  
☒ Other: Postcard (1)

CLAIMS AS AMENDED									
FOR	(1) "CLAIMS REMAINING AFTER AMENDMENT		(2) **HIGHEST NUMBER PREVIOUSLY PAID FOR	(3) PRESENT EXTRA	(4) SMALL ENTITY		(5) LARGE ENTITY		(6) ADDITIONAL FEES
					RATE	FEE	RATE	FEE	
TOTAL CLAIMS	20	MINUS	22	0	X \$ 25.00	0.00	X \$ 50.00		
INDEP. CLAIMS	03	MINUS	03	0	X \$100.00	0.00	X \$200.00		
[ ] First Presentation of a Multiple Dependent Claim					\$180.00		\$360.00		
SUBTOTAL OF ADDITIONAL FEES						0.00			0.00
EXTENSION	1ST MONTH		2ND MONTH		3RD MONTH		4TH MONTH		\$0.00
Large Entity	<input type="checkbox"/>	\$120.00	<input type="checkbox"/>	\$450.00	<input type="checkbox"/>	\$1,020.00	<input type="checkbox"/>	\$1,590.00	
Small Entity	<input type="checkbox"/>	60.00	<input type="checkbox"/>	225.00	<input type="checkbox"/>	510.00	<input type="checkbox"/>	795.00	
<p>[ ] An extension for _____ month(s) has already been secured and the fee paid therefore of \$_____ is deducted from the total fee due for the total month(s) of extension now requested.</p> <p>[XX] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.</p>									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT									\$0.00

- ☒ Charge any additional fees required by this paper or credit any overpayment in the manner authorized below.
- ☒ At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 20-0090 pursuant to 36 CFR 1.25. Additionally, please charge any fees to Deposit Account 20-0090 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. **A duplicate copy of this sheet is enclosed.**

## CERTIFICATE OF MAILING (37 C.F.R. 1.8A)

I hereby certify that this correspondence is being deposited with the United States Postal Service, with sufficient postage, as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Date: 9-13-06

LISA D. JONES

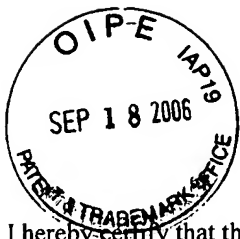
Respectfully submitted,

Date: September 13, 2006

Customer No.: 26,294

Gary J. Pitzer  
 Reg. No.: 39,334

1300 East Ninth Street – Suite 1700  
 Cleveland, OH 44114  
 Telephone: (216) 621-2234



**CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8A)**

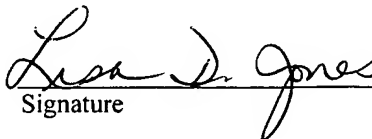
I hereby certify that this correspondence is, on the date shown below, being:

**MAILING**

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**FACSIMILE**

- ☐ transmitted by facsimile to the Patent and Trademark Office.

  
Signature

Date: 13 September 2006

Lisa D. Jones  
(type or print name of person certifying)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:	)	SHLOMO GABBAY
Serial No.:	)	10/782,702
Filed:	)	February 19, 2004
Examiner:	)	Alvin J. Stewart
Group Art Unit:	)	3738
Confirmation No.:	)	5568
Attorney Docket No.:	)	SHE-6933
Title:	)	<b><u>LOW PROFILE</u></b> <b><u>HEART VALVE PROSTHESIS</u></b>

**AMENDMENT AND RESPONSE TO OFFICE ACTION**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated June 13, 2006, issued in connection with the above-identified application, please enter and consider the following amendments and remarks.

Amendments to the claims are reflected in the **LISTING OF THE CLAIMS**, which begins on page 2 of this paper.

**REMARKS** begin on page 7 of this paper.